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PATHOLOGY OF PUERPERAL FEVER.

BY ROBERT KNOX, M.D., EDINBURGH.

It has been known for some time, that in the South of Scotland and North of England, a puerperal fever of a very fatal character prevails in several districts, causing a good deal of alarm to those who are practising the obstetric art. Already a considerable number of fatal cases has occurred; and as, for many reasons, it was desirable that every possible inquiry should be made into the cause of so dangerous and fatal a malady, I was requested, by a distinguished practitioner here, to give an opinion respecting the morbid appearances found in two fatal cases. In stating the result I shall be as brief as possible, being sensible how much has been done on the subject of the pathology of puerperal fever since the time of Mr. Hunter, who, if I may judge from a memorandum taken from a manuscript copy of his "Lectures on Surgery" (and which I accidentally met with many years ago), viewed the cause of puerperal fever to be merely peritoneal inflammation. There can be no doubt that in one respect Mr. Hunter was right, and that the sero-purulent effusions which are so generally found in the cavity of the peritoneum, after death from puerperal fever, and were also found in the cases which form the subject of this paper, can have their origin solely in inflammation of a serous membrane. Whether or not this was the whole amount of Mr. Hunter's knowledge we cannot now determine, so far as I know.

I have myself examined the morbid appearances in about thirty fatal cases of puerperal fever which have occurred in Edinburgh, or elsewhere, having been frequently requested to do so by accoucheurs, who declined handling the abdominal viscera in such cases from a dread of the morbid fluids possessing contagious properties. In nearly all these cases a sero-purulent fluid was constantly present in the peritoneal cavity, and not unfrequently obvious marks of peritoneal inflammation extending to its serous surface; but every pathologist knows that in addition to these appearances, which are not absolutely constant, there are others of a much more decided and extended character, altogether exterior to the serous membrane, properly so called, consisting in purulent deposits more or less extensive in the sub-serous cellular membrane; veins filled with purulent fluids, and whose walls seem, also, to have partaken in the inflammation; and *lymphatic vessels*, which are found filled with well-digested pus, even admitting that the walls of these vessels may not have partaken of the general inflammation of the surrounding parts. In addition to this, inflammation, with softening of the ovaria, is also frequently present. It must not be supposed, however, that all these appearances are found in *every* case; more generally, I think, the seat of mischief seems to be in the veins, which, together with the surrounding sub-serous cellular tissue, are filled and infiltrated with purulent fluids. On the other hand, but more rarely, the lymphatics alone seem to be the seat of the disease, and it is sufficiently remarkable, that in both the preparations which form the subject of this paper, the veins seem healthy, whilst the *lymphatics* were gorged with pus. This, undoubtedly, is the rarer form of the disease; although also sufficiently frequent.

Of late years, a new field of inquiry has been opened up in respect to the presence of pus-globules in the blood, derived from such sources as that we now speak of; and although it can scarcely be doubted, that such will be found in the general mass of the blood in puerperal cases, seeing that it exists in such quantities in the veins and lymphatics, it were yet extremely desirable to put the matter beyond a doubt by the microscopic examination of the blood itself; such an inquiry, independent of the verification of a useful physical truth, must, one would imagine, ultimately contribute to throw new light on the treatment of a disease, notoriously beyond the power of medicine in general, and respecting the treatment of which, so far as I have been able to observe, the opinions of practitioners are altogether unsettled.—*London Lancet.*

THE TREATMENT OF TYPHOUS FEVER.

BY W. SIMPSON, M.D., LONDON.

It appears to me that during the last ten or fifteen years the minds of general practitioners, and young men coming forward in the medical profession, have been very much confused by the variety of opinions held by eminent physicians, as to the treatment and pathology of various diseases, particularly those called malignant. It is well known that one class of practitioners say, fever is essentially inflammatory, and take blood on all occasions where the excitement is great. Another class hold the very opposite opinion, and say, fevers are at all times liable to assume a typhoid type, and if you want to serve your patient you must not bleed, as by doing so you will reduce his strength, and take from the system a quantity of vital fluid, which would ultimately be necessary to keep him from sinking.

Having seen a great number of cases of the worst kind of typhous fever in Belfast, Dublin, Edinburgh and London, and having seen all kinds of treatment tried with nearly the same average success, I was at a loss to account for such contradictory results. I had always heard the subject reasoned on in a mathematical manner, and, of course, expected precise consequences to given premises, viz., if (as one party say) you have ten cases of typhous fever, and don't bleed, you are sure to lose the half of them; but if you do bleed, you will, to a certainty, save nine of them. The advocates of the other system make the same calculations with the same confidence as to the results. To my surprise I found the one party nearly as successful as the other, and the most fortunate hospital physicians were those who adopted a mixed kind of treatment, or (as Dr. Graham, of Edinburgh, advised us to do, when we were puzzled in our diagnosis) "treated the symptoms as they occurred, attacking the most prominent first."

As an illustration of the glorious uncertainty of prejudiced views, either for or against bleeding, I shall mention a case which occurred in the Edinburgh Infirmary, in 1828 or 1829. Dr. Duncan (author of the "Edinburgh Dispensatory," and then editor of the "Edinburgh Medical and Surgical Journal") was, at the time, attending and giving clinical lectures. The patient was admitted evidently laboring under the worst symptoms of typhous fever; the debility was extreme, accompanied with low muttering delirium, difficulty in deglutition, sordes upon the tongue and teeth, and a few small petechial spots upon the skin. He was ordered wine, with aperients, and the usual remedies; in the course of a day or two the brain changed from that state, which the doctor called congested, to what he considered to be active inflammation. What was to be done? If we don't bleed this man he will die of inflammation of the brain; and if we don't give him wine he will sink from the effects of typhous fever. To our surprise the doctor determined to try both. The man was bled from the arm, and the quantity of wine increased. The next day his head appeared better, and the fever about the same. Leeches were applied to his temples and behind his ears. The wine was ordered to be continued, and if necessary increased. The following day the head was better, and the fever less; the sordes began to disappear, and with them the fever. The man became convalescent, and was able to leave the hospital *sooner* than others who had not been so severely affected, and had been merely treated with salines and aperients. It strikes me, that in the above case the disordered state of the blood was the cause of the deranged functions of the brain, and that the bleeding, in place of inducing dangerous debility, made room for an equal quantity of wine and water, or some other fluid. It is much to be wished that some lecturer would take the trouble to concentrate the observations of M. Magendie, Dr. M. Hall, and others, upon the subject of the state of the blood in various diseases, the effects of blood-letting, of medicines (wine included), and of the absorption of deranged secretions from the liver, kidneys, &c., upon the blood. There can be no doubt but that the system of bleeding, largely accompanied by evacuating and antiphlogistic remedies, has been carried too far; so, also, has the stimulating plan; and very often natural strength of constitution has contributed more towards cure than the treatment adopted by either party. The advocates for reserving the vital fluid, forget there must be a great difference in the quality of blood in a state of health and a state of disease—that what is vital in the one might be vicious, nay, even poisonous in the other, as has been observed by Dr. Hall and others, in cases of jaundice and suppression of urine. If this be correct, the blood, in place of supporting the strength, may be doing harm by may not have partaken of the general inflammation of the surrounding parts. In addition to this, inflammation, with softening of the ovaria, is also frequently present. It must not be supposed, however, that all these appearances are found in *every* case; more generally, I think, the seat of mischief seems to be in the veins, which, together with the surrounding sub-serous cellular tissue, are filled and infiltrated with purulent fluids. On the other hand, but more rarely, the lymphatics alone seem to be the seat of the disease, and it is sufficiently remarkable, that in both the preparations which form the subject of this paper, the veins seem healthy, whilst the *lymphatics* were gorged with pus. This, undoubtedly, is the rarer form of the disease; although also sufficiently frequent.

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VERATRINE, DELPHINE AND ACONITINE.

BY SAMUEL CARTWRIGHT, M.D., OF NATCHEZ.

[Dr. Cartwright, during his late visit to this city, related to us some striking cases of cure by the external application of these new and most active remedies. At our request he furnished us with the following communication, which we hope will lead some of our readers to make a trial of the articles, and report to us the results of their experience. Dr. Cartwright has seen acute rheumatism, neuralgia and tooth-ache effectually and promptly relieved by friction with the ointments; and although he does not profess to have used them extensively in his own practice, his experience strengthens the good opinion he formed of them while witnessing their action in the hospitals of London and Paris.—*Western Med. Journal.*]

Dear Sir,—It is near bed-time, and I leave the city in the morning in quest of health. I have not time to write an essay, but as you took so deep an interest in the cases which I mentioned to you that I had seen treated successfully with certain alkaloids, I herewith leave you a few extracts from my note-book, compiled from clinical observations made in Europe. As I have nothing original to offer in regard to the use of the new medicines, I think it better to copy my European notes than to enter into any details of my own experience: that experience, as far as it goes, is favorable.

I will, therefore, copy the various formulas in which I have seen these new medicines, in the various hospitals of London and Paris: 2dly, enumerate the principal diseases in which they have been used with more or less success; and 3dly, the manner of using them. Although I write in great haste, you may rely on the correctness of the formulas, as I had plenty of leisure while abroad, and was very particular, deliberate and careful in taking my notes.

1. *Veratria Ointment.* (Veratrum Sabadilla.) R. Veratria, ʒss.; ol. oliv. ʒi.; adip. ppt. ℥i. M. fiat ung.

Veratria Embrocation. R. Veratria, ʒi.; sp. rect., ʒi. M.

Veratria Pills. R. Veratria, gr. i.; ext. hyosciam., pulv. glycyrrhiz., āā grs. xij. M. Ft. pil. xij. Dose, one pill every three hours.

Delphinia Ointment. (Delphinium Staphysagria.) R. Delphinia, ʒ ss.; ol. oliv., ʒ i.; adip. ppt., ℥ i. M. Ft. ung.

Delphinia Embrocation. R. Delphinia, ℈ i.; sp. rect., ℥ ij. M. Ft. embroc.

Delphinia Pills. As the veratria pills.

Aconitine Ointment. (Aconitum Napellus.) R. Aconitina, grs. xvi.; ol. oliv., ʒ ss.; adip. ppt., ℥ i. M.

Aconitine Embrocation. R. Aconitina, grs. viij.; sp. rect., ℥ ii. M.

Aconitine Pills. After the same formula as the veratria and delphinia pills.

The *tincture of aconite* is made by macerating one pound of coarsely powdered aconite root in two pounds of alcohol seven days, and filtering.

The *delphinia* is made by evaporating to a thin extract a saturated tincture of the seed of the stavesacre (Delphinium Staphysagria), and treating it with water acidulated with sulphuric acid, filtering the solution, and precipitating it by ammonia—freeing the precipitate from its water by taking it up by alcohol, and again reducing it to an extract. Then dissolve the extract by acidulated water, and add nitric acid while a precipitate falls. The liquid freed from this precipitate, ammonia is added, and the powder thrown down and dried. It is white.

The extract of *aconite* is made by evaporating the tincture to an extract. The aconite pills are made after the same formula as the aconitine pills, using twice the quantity of the alcoholic aconite extract in lieu of the aconitine. Twelve aconitine pills contain one grain of aconitine; and twelve aconite pills contain two grains of the extract of aconite. The dose of the former is one twelfth of a grain, and of the latter one sixth of a grain.

The extract of sabadilla is made by evaporating the tincture of the seeds of the veratrum sabadilla to the consistence of an extract. The sabadilla pills are made after the formula of the veratria pills, using, however, two grains of the alcoholic extract of sabadilla, in place of one grain of veratria.

The *tincture of stavesacre* is made after the same manner as the tincture of sabadilla, using the powdered seed of the stavesacre, for those of the sabadilla.

The *ioduretted veratrine ointment* is made by substituting half a drachm of the hydriodate of potash for the olive oil, in the preparation of the veratria ointment.

2. The diseases in which some one or more of the foregoing preparations have been found more or less useful, are tic douloureux, rheumatism, acute and chronic croup, angina pectoris, gout, dropsy, spasms of the stomach, tooth-ache, scrofulous swellings, capsular cataracts, iritis, internal ophthalmia, amaurosis, and hypertrophy of the membranes in general, and a variety of indurations, thickenings and swellings.

3. *Manner of using the remedies.*—The hand is to be kept moist with any one of the ointments, and rubbed briskly, and with some little

force, over the affected part for ten or fifteen minutes, or more. There is no fear, says Mr. Turnbull, of London, of using the friction too long. He assured us that when used beyond a certain point, the electro-stimulation became insupportable. This stimulation, he contended, must be fully induced before the sanative effect of the remedy can be expected. What he calls *electro-stimulation*, is a sense of pricking and numbness in the parts subjected to the friction. The ointments do not chafe or irritate the skin. They are applied generally two or three times a day, but in violent cases they are used oftener—say every three hours, until the electro-stimulation is fully induced, and the disease relieved; then to be gradually discontinued.

The tinctures and embrocations are used pretty much after the same manner with the ointments. The internal use of the medicines did not fall under my observation; but when the electro-stimulation cannot be sufficiently induced by their external use, the pills are advised both by the London and Paris physicians—one, for example, every three hours.

The several preparations above mentioned, have nearly the same effects. The veratrine, delphine, and aconitine ointments, embrocations and tinctures, are alternately used, to induce, in the first place, the electro-stimulation, and, in the second, to keep up that stimulation. Some persons are not affected by one, when they would be by another; and the same preparation, after being continued for some time, loses its effect in some cases, and hence recourse should be had to another. In croup, the ointment is rubbed over the throat—in neuralgia, over the affected nerve.

One of the surgeons of St Bartholomew's Hospital, in a case of tic douloureux, made an ointment of aconitine, five grains, rubbed with five drachms of cerate. He applied a very small quantity with his finger over the painful nerve, once or twice a day, for six days. It produced numbness over the jaw for twelve or eighteen hours. The aconitine was prepared by Mr. Mordon, of Southampton-row, London, who is said to make the purest article.

In affections of the eyes, the ointment is rubbed over the forehead. The ointments are applied with the hand; a sponge is used in applying the tinctures and embrocations. The medicines are all very costly, and are apt to be adulterated, or improperly prepared. When genuine, they nearly always promptly produce a degree of numbness, and a pricking sensation on the surface to which they are applied. Their application to blistered surfaces, and to the mucous membranes, had been ventured on, but great caution is necessary in this mode, as the experience with them thus applied, is not sufficient to enable us to form rules.

When I was in London, Dr. Turnbull was preparing a work on the above remedies.

Louisville, June 16, 1840.

TREATMENT OF FRACTURED EXTREMITIES BY THE IMMOVABLE APPARATUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In looking over your Journal, a few days since, I saw the report of several cases treated by the immovable apparatus, all of which terminated favorably; and, as the method is not generally practised in this country, I beg leave to state to the faculty, through your valuable work, that I have treated, since January, 1840, four cases of fracture of the leg by the immovable apparatus, with the most happy results. Some were of one, and others of both bones—no deformity remaining in either case. One of the above cases was a compound fracture of the tibia. In this case I did not apply the immovable bandage until the 7th or 8th day. After the bandage became dry, I removed, with my knife, a circular piece over the wound in the flesh, so that I could examine it at any time. After removing the bandage over the wound, I filled the cavity with lint, and applied a short roller. In all the above cases the bandage was not removed until there was a perfect union of the bones.

I apply the bandage differently from what they do in the New York Hospital, where the starch or paste is applied to the limb itself and to the bandage throughout. I first apply a roller dry, so as to cover the limb three or four thicknesses; upon this I apply the starch, then the paste-board, and over it a roller, saturating it with starch, as I apply it until it is of sufficient thickness to form a stiff case when dry.

Great Barrington, Ms., Aug. 3, 1840. E. W. HOLLENBECK.

LYCOPUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The name of this plant is a Greek derivative from words signifying a wolf and a foot. The ancients fancied a resemblance between the gashed radical leaves of the species *europæus* and a wolf's foot. The name is given to a genus of plants in the Linnæan system; class *Diandria*, order *Monogynia*. The common names are wolf's claw, water hoarhound, bugle weed, &c. There are four species of this genus; the *europæus, virginicus* (and a variety—*quercifolius*), *uniflorus* and *obtusifolius*.

Two of the species, the *europæus* and *virginicus*, have been used in the healing art; but the former of these, only, has been used in my own practice. This may be relied on as being a powerful astringent, and is well calculated to arrest internal hæmorrhage. I have frequently made use of it in cases of obstinate epistaxis, and in all these cases the bleeding has ceased in a very short time after the application.

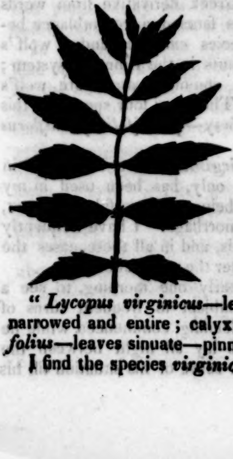
In the summer of 1838, I was called, early one morning, to see a young man, 18 years of age, who was subject to frequent turns of bleeding at the nose. At this time the bleeding commenced while he was sleeping, and being much fatigued he lay all night between the sleeping and waking state, not having a full sense of his situation till his friends found him in the morning, prostrated to an alarming degree, from the quantity of blood he had lost. I tried the usual means for arresting the hæmorrhage, but all to no purpose. As I was standing in the door, my eye rested on a bunch of the water hoarhound which was growing near by. Thinking this to be a case where a fair trial of its virtues might be made, I immediately picked off a few of the stalks, and, bruising them with my hands, and twisting them into a proper form and size, passed them up the nostril until they pressed upon the mouth of the bleeding vessel. The bleeding ceased very readily, and did not return.

A friend of mine, who is a farmer, was formerly troubled exceedingly with epistaxis while at his work, especially in the haying season. When the bleeding came on, he would seek out the *Lycopus europæus*, which, in the western counties of this State, is almost everywhere to be found, and having used it in precisely the same manner as I did in my patient's case, as related above, the bleeding would cease. It would return, however, every few days, as long as he exerted himself violently in the warm season.

Several other cases that have fallen under my observation bear testimony to the remedial virtues of this plant; but they are not of sufficient importance to deserve an insertion here.

The *Lycopus* would, no doubt, be a valuable remedy for bleedings from the lungs, stomach, bowels, uterus, &c., were it to be used in such cases. I hope physicians will give it a fair trial. Whenever any of these last-named cases have occurred in my practice, this remedy has not been at hand, therefore I can say nothing of its effects in them from experience.

The herb may be used in substance, dried and pulverized, or in the form of decoction, infusion or tincture. I would, however, prefer the expressed juice of the green herb to any other form. The dose may be regulated by that of the other more powerful vegetable astringents.



I send you Prof. Eaton's description of the plant, accompanied by an impression of it and a dried specimen. If you can give a wood cut, in the Journal, taken from this impression, that, together with the description, would enable a mere novice in botany to recognize it at a glance.

"*Lycopus europæus*—(blossoms white—blossoms in July) lower leaves gashed; upper ones lanceolate, serrate; calyx acuminate—spined. Flowers small; whorled. Grows in damp places, from one to three feet high.

"*Lycopus virginicus*—leaves broad—lanceolate, serrate, at the base narrowed and entire; calyx, very short and spineless. Variety *quercifolius*—leaves sinuate—pinnatifid."

I find the species *virginicus*, only, in this part of the State; but the *europœus* grows in abundance in the western part. I have seen it abundant, also, in Connecticut and New York. Respectfully yours,

Unionville, Mass., July, 1840. E. G. Wheeler.

CASE OF HYSTERIA.

[Communicated for the Boston Medical and Surgical Journal.]

On the 3d of March last I was called to see a young married lady, æt. about 23, who was the mother of one child, a female, about 16 months old, which yet nursed. I found the mother laboring under a paroxysm of hysteria, with quite severe spasms. On inquiry, I learned that she was naturally of a nervous and irritable temperament, but of a healthy and robust constitution; that about six months before, she had an attack of hysteria, in consequence of a severe fright, and that this, the second attack, was brought on in consequence of violent mental emotion. The patient's head and breast being made bare, and removed from over the bed and supported by an assistant, I threw on, by three dashes each, two pails of cold water, which allayed the spasms entirely in a short time. To prevent the return of the fits, I administered some anodynes, with antispasmodics and a mild cathartic. The patient immediately recovered. The child was soon placed at the breast, and nursed heartily. On the following day, about 24 hours from the time of the recovery of the mother from her paroxysm, I was called to see the child, which I found with all the symptoms of hysteria; violent and convulsive laughing, alternating with crying and screaming, suffocating spasms of the throat, a wild and furious expression of the countenance, which soon terminated in convulsions of a pretty severe character. The little patient was treated in the same manner as its mother, and recovered as rapidly.

The following extract is from Eberle:—"Hysteria is essentially a dynamic affection of the nervous system, manifesting itself by morbid phenomena in every sensitive and irritable part of the system, in the voluntary and involuntary muscular systems, in the sensorial organs, the brain, the intellectual faculties, the digestive apparatus, the various glandular viscera; in short, it presents, in its multifarious symptoms, every morbid sympathy, perhaps, of which the animal system is susceptible.

"Hysteria, though not exclusively, is chiefly confined to females. It never occurs during childhood, and its appearance in the form of convulsions or distinct paroxysms in old age, is almost equally uncommon."

Fairville, N. Y., Aug. 5th, 1840. C. G. Pomeroy, M.D.

P. S.—Will Dr. McIntyre be so good as to give us a history of the case of Fungus Hæmatodes which occurred in his practice last spring, and in which he performed amputation. C. G. P.

SMALLPOX CONTAGION CONVEYED IN A LETTER.

[The following case is related, in the last No. of the American Journal of Medical Sciences, by W. L. Atlee, M.D., of Lancaster, Penn.]

Mr. Robert Atkinson, of Lancaster, Pa., was taken sick on the 8th of December, 1839, with the eruptive fever of smallpox. He passed through the distinct variety of genuine variola under the care of my brother, Dr. John L. Atlee, without any very unfavorable symptoms. The attack was of a violent grade, and the skin was completely covered by the eruption. On the 18th of the same month the pustules began to dry, and on the 22d he was able to be out of bed. By the 29th the scabs had all scaled off, leaving a few scurfy exfoliations upon the hands and head. On this day he wrote a letter to his brother, Richard Atkinson, in Wellsville, Columbiana County, Ohio, giving him an account of his recent illness and of other domestic afflictions. This letter was written on glazed writing paper, and sealed with a wafer moistened by his own saliva. Being detained on the road by the great snows which fell about that time, it did not reach Wellsville until between two and three weeks after it was written. After receiving the letter, Richard Atkinson tore open the wafer, and carried the letter in his vest-pocket for several days. He wrote an answer to it on the 15th of January, 1840, and during this time had the letter, which he had received, lying before him and under the sheet on which he was writing. He wrote another letter to a friend on the 9th of February, and on the 12th he walked twelve miles on business, and on Monday, the 17th, he took sick with the prominent symptoms of smallpox. The disease proved to be of the confluent character, and terminated fatally on the 1st of March.

Mr. Atkinson, of Ohio, had a sore on one of the fingers of his right hand, and one upon his breast. These sores first took on the appearance of variola, before the surface generally became affected.

An old man, who had assisted in putting the body into the coffin, went afterwards to a neighboring tavern, and, before having washed his hands, shook hands with a young man, who, without any other known cause of contagion, took the confluent smallpox and died about the 25th of March. The smallpox and varioloid now spread through that neighborhood.

There had been no cases of variola at Wellsville or near it for two years before, and no other cause for its introduction could be ascertained than the letter from Pennsylvania.

Both the Messrs. Atkinson had been vaccinated about twenty years before in England, neither of whom took the vaccine disease.

The above statement was made to me by Mr. Atkinson, of Lancaster, who went to Wellsville, after the death of his brother, and ascertained these facts. As he is a gentleman of the strictest veracity, the statement can be relied on. Should there be any error in it, it is hoped that the physicians there will correct it.

Several questions naturally suggest themselves, arising out of this interesting case. How did this letter communicate the disease? Can the furfuraceous sequelæ of variola produce smallpox by inoculation, or in any other way? Could the disease have been communicated by any loose scurf folded up in the letter? Or by any taken up from the fingers by the wet wafer? Could the saliva with which the wafer was moistened have contained contagion? Could the paper have imbibed it from the hand of the writer? Or could it have imbibed it from the air of the room when it was saturated with the effluvium? Could the ink have absorbed it, as fluids do certain gases? Would the deceased have been likely to have received the contagion had the skin of the hand been unbroken, or had he not carried the letter about his person? Can letters or packages taken out of a variolous atmosphere, infect districts through which they pass? Is our quarantine calculated to prevent similar results? These and other questions may arise out of the above case, but I will leave others to pursue them.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 19, 1840.

DISEASES OF CHILDREN.

James Stewart, M.D., of New York, whose translation of M. Billard's treatise on Infantile Diseases made his name familiar to the public, has recently issued proposals for a treatise, expressly his own, on the diseases of children, which will make 450 pages, octavo, of admirable typographical execution. Notwithstanding the large profits arising from the sale of this gentleman's translation of Billard, in consequence of the failure of the publisher Dr. Stewart never realized a farthing for the immense labor the work must have cost him. Independently of his acknowledged fitness for the execution of the proposed volume, he certainly has a claim upon the sympathies of the profession—for let physicians do what they may in this country, they are but poorly compensated under the most favorable aspect of the times.

The manuscript being nearly ready, it will probably be printed about the first of January. Those who are disposed to encourage medico-literary enterprise, since it is to be published by subscription, may transmit their names to the author, at No. 385 Hudson street, New York. If more convenient for those residing in the New England States, they may be forwarded to this office.

"In carrying out the proposed plan, the work has been arranged agreeably to the system of the functions adopted by the ancients—which is the foundation of the various systems of the present day—and which, from its simplicity and natural order, and for other obvious reasons, is more applicable to the condition of children than that of Bichat, now usually adopted.

"The diseases have accordingly been arranged under the three different heads of the *vital*, *natural* and *animal* functions; a system in close connection with the recognized principle of the succession of developments. The respiratory system is thus the first in the natural order, as it is the first that demands the attention of the physician. A physiological view of the respiratory organs in children, and the signs of disease which these organs exhibit, precede the consideration of their diseases. The diseases of this system follow, each under four different divisions:—etiology, semieology, morbid anatomy and pathology, and treatment. The next in order, is the circulatory system, with a similar physiological introduction, and the signs of disease, which this system likewise presents: the diseases then follow, with a sub-division like those of the preceding class. The natural functions, comprising the digestive and excernant systems, are next considered; the latter being sub-divided into the glandular and cutaneous systems, with an arrangement like those already mentioned. The like order is followed through the animal functions, which comprise the nervous system, organs of sensation, and the motive system, which are the last in the natural order of the development of the body."

American Medical Almanac for 1841.—Those gentlemen who are preparing papers for this annual chronicle of the progress of medical science in the United States and the British Provinces, are respectfully reminded that the editor will be particularly obliged if their manuscripts are forwarded to Boston, to the address of the Boston Medical and Surgical Journal, No. 184 Washington street, by the middle of September. Punctuality is quite necessary, as the compositors cannot conveniently wait for copy when the work has once been commenced. We are gratified to learn that Dr. Macgowan, of New York, is engaged in collecting the medical statistics of that city, and that under his vigilant eye the article will be full and complete.

The faculties of medical colleges throughout the country can have an opportunity of inserting historical memoranda, prospective views, &c. accompanied by engravings of their public buildings, provided such engravings are neatly executed, and do not exceed the width of the page. Medical practitioners, also, throughout the country, are invited to transmit such statistical information as they have it in their power to collect—and in fact, articles on any subject of general interest to the profession, not exceeding six pages, brevier type, with author's name appended, can be inserted. Those with whom the editor is not in correspondence, and who wish to avail themselves of the advantages of this extensively circulated volume, are desired to write forthwith—stating the time when their manuscripts may be reasonably expected. The last of September, it is believed, will afford distant writers ample opportunity for accomplishing their wishes in this respect.

Thus far, the Medical Almanac has been well received, both at home and abroad; and the series will ultimately become an important collection of medical chronology. It registers the changes of public institutions and of public medical men—shows the past, and points to the future.

The Belgian Giant.—Since it is the legitimate province of a medical journalist to chronicle whatever may be even remotely serviceable to succeeding scientific writers, a condensed notice of the physical structure of one of Nature's colossal specimens of humanity, now on exhibition in Boston, cannot be otherwise than well adapted to our pages.

Mons. J. A. J. Bihin is very appropriately announced to the public to be a giant. His magnificent organization gives us some conception of the stature, carriage, and prodigious muscular power of the renowned champion of the Philistine army, of a remote antiquity. Goliath exceeded *eleven feet, nine inches* in height. Mons. Bihin measures *seven feet, six inches.* This is being pretty tall, however, when it is recollected that some physiologists maintain that the race is growing shorter. Mr. Porter, the Kentucky giant; the Irish soldier who was here a few months ago; O'Brien, the celebrated giant who travelled through Europe about the year 1810; and one of the monsters raised by a corrupt soldiery to the throne of imperial Rome, were all of them superior in altitude to the extraordinary man who is the subject of these remarks. But they were not, throughout, symmetrically formed. Mons. B., on the other hand, is admirably developed; there is just enough of everything, fitted to the right place, over the whole extent of his mighty framework. We do not know whether their facial expression was mild, dignified, severe or ugly; but in regard to the representative from Belgium, all who have seen him will concur in saying that he has an excellent countenance, as well as a majestic person.

Independently of a brazen helmet, greaves upon the legs, and a brass plate between the shoulders, the hero of Gath wore a coat of mail, to protect his body, that weighed one hundred and eighty-nine pounds. When we called on Mons. B. he wore a frock-coat that contained four yards and a half of broadcloth. The Philistine carried a spear like a weaver's beam, that had an iron knob at one extremity which weighed twenty-two pounds and three quarters. Mr. Lock, in the Daily Times, asserts that Mons. B. raised Mr. June, of the Circus, who weighs two hundred and ten pounds, and is six feet and four inches tall, from the floor with one hand, turned him somerset, and then quietly deposited him again on his feet. He assured us himself that he could lift from the ground eight hundred pounds with his hands, and could straighten his back, when stooping, under a weight of two tons!

He was born at Spa, in Belgium, Dec. 10th, 1807. At birth, he has been informed that he weighed *twenty-six pounds*, and measured twenty-five inches in length. He at present weighs three hundred and twenty pounds. At twelve years of age he measured five feet, ten inches; and at fourteen, he was over six feet. Puberty commenced at thirteen. Around the calf of the leg the girth is 22 inches; the thigh, 28; and the chest, 50. By profession he is an architect, but seems not to have been very laboriously devoted to business. With regard to phrenological indications, the head will probably be pronounced, by those who understand the details of the science, to be a well-balanced one. We know nothing of his education further than that he discourses agreeably in French, and tolerably in English, considering that it is only about five months since he arrived in the United States. He is married, but has no children. Temperance in eating and drinking seem to have been habitual. Notwithstanding his immense size, his parents, although tall, stout people, are far from being giants—and by the side of their Herculean son, look like children. Taken, therefore, all in all, Mons. Bihin is one of the greatest natural curiosities of the age, alike the astonishment of the ignorant and the wise.

Giving Credit.—When speaking of Dr. Peirson's very acceptable essay on fractures, which constitutes the bulk of Part IV. Vol. 6, of the medical communications to the Massachusetts Medical Society, now being distributed, we passed over a subject that, to be understood, must be exhibited by itself. Prefixed to seven pages and a half devoted to the life and character of the late Lemuel W. Belden, M.D., of Springfield, is the following prefatory note. "The following notice of Dr. Belden, from a friend well able to appreciate the excellencies of his character, contains a just tribute to his worth." This is original, but the remainder of the article was copied from this Journal, verbatim, without the shadow of an apology for taking what belongs to us; and worse still, those by whom it was taken had not the courtesy, nor even the common honesty, to give credit to this publication, for which it was written by Dr. S. B. Woodward, of the Lunatic Hospital at Worcester. It cannot redound to the credit of a learned society to have its authorized publications contain re-prints smuggled from periodicals in this manner. Should all the succeeding published emanations of the Society be nothing but re-prints of papers grown old by circulation, we should be the last persons in the world to complain, provided that system of etiquette is adhered to which recognizes obligations. When we borrow half a page from these transactions, credit is given for it: first, with reference to extending a knowledge of the doings of the Society; and secondly, because it is honorable to acknowledge our indebtedness to others for such favors.—This brings to mind some delinquencies in another quarter, not unlike the one of which we complain—though less on the wholesale order.

Dr. Haynes's Supporter.—By reference to an advertisement it will be seen that this instrument, made as cheap as it can be afforded, is to be had at the counting-room of this office. Those gentlemen who have repeatedly sent, may now be accommodated—our object being simply to oblige applicants—it often being easier to communicate with the city, than with Concord, N. H., where they are manufactured.

Growth of the Hair.—M. Mandl is inclined, from some phenomena which he has observed in the growth of hair, to arrive at a different conclusion relative to this process, from that generally received. He states that, in individuals who have had their hair recently cut, each hair preserves its diameter to its free end, which presents a truncated extremity, where the eye may distinguish the section both of the cortical part and that of the internal canal. But if these same hairs are examined after a longer interval, each hair is found to be terminated by a pointed extremity, more or less long, but with its extremity closed. This change of form M. Mandl considers to be the result of a vital process, and as proving the possibility of a movement of fluids in the interior of the hairs. He thinks this opinion still further supported by the fact, that when hair is kept long, instead of the formation of a pointed extremity, obliteration of the extremity of the canal alone takes place, which he supposes to be caused in all probability by the difficulty of the movements of the fluids.—*Comptes Rendus.*

Spontaneous Rupture of the Spleen.—An example of this is recorded by Dr. Næckel, in the Medicinische Zeitung, May, 1839. The subject of it was a young man 25 years of age, who had an attack of diarrhœa, which was not relieved by opium or saturnine preparations. After five days' continuance, the abdominal pains became so severe, that he was forced to confine himself to bed. Next day he was seized with a sensation of sinking, cold sweats, &c., and died in a few hours. On inspection of his body forty-eight hours after death, a large quantity of blood was found effused into the cavity of the abdomen and pelvis, which had proceeded from an angular rent of the spleen of about four lines in extent, situate at the inferior margin of its anterior or external surface. The spleen was about five inches long by four broad; of a livid color, and with its tissue softened.—*Amer. Jour. of Med. Sciences.*

Medical Miscellany.—The singular circumstance of twin brothers being born in different months, lately occurred in England. There was nothing peculiar, however, in the case, in a medical point of view, and it was only remarkable from the merely accidental fact that the clock struck 12, on the night of the 31st of March, between the births of the children—one being born nearly two hours later than the other. They were immediately christened March and April by the nurse; but they were not destined to remain long united in life, as March died in a few days, and April was far from being a healthy child.—Mr. Marsh, a chemist, connected with the Royal Arsenal, Eng., has discovered that iron which has remained a considerable time under water, when reduced to small grains, or an impalpable powder, will become red hot and ignite any object with which it may be brought in contact.—Dr. Graete, who lately died in Hanover, left the enormous fortune of 3,600,000 Prussian dollars, which is equal to 13,000,000 francs, or more than half a million of pounds sterling, and about equal to 2,400,000 dollars. He practised his profession laboriously through life. He commenced the world with the sum of eight or nine thousand pounds. Dupuytren, in Paris, was supposed to be the richest medical man in France at his death. Sir Astley Cooper is thought to be the wealthiest in England. It is thought that the two richest physicians in the United States, reside in Boston.—Prof. Graffe, of Berlin, went some weeks ago to Hanover, to operate on the eyes of Prince George, of Cambridge.—Mr. Frederick Hall has been appointed professor of chemistry in Columbia College, Washington city, in place of Dr. Thos. P. Jones, who resigned. Why did not the trustees elect Dr. Paige, who is residing near by, in Virginia. He would have given an immediate character to the chair.—A physician never resided yet at the Isle of Shoals, where the population is from three to six hundred. Rum has made sad work there, and not a few have been drowned.

TO CORRESPONDENTS.—Dr. Hamilton's essay on the bronchitis of public speakers is received, and we shall endeavor to publish it next week.—The communications of Dr. Kelsey, and of "A. B." are also received, and will be early attended to.

Number of deaths in Boston for the week ending Aug. 15, 51.—Males, 24—females, 27.

Of consumption, 3—croup, 1—colic, 1—sudden, 1—hooping cough, 2—teething, 5—cholera infantum, 5—child-bed, 1—lung fever, 1—bowel complaint, 2—erysipelas, 1—suicide, 1—mortification, 2—dysentery, 6—cancer, 2—brain fever, 1—infantile, 1—canker in the bowels, 1—scarlet fever, 1—typhous fever, 3—casualty, 1—debility, 1—worms, 1—cholera morbus, 1.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

WALTER CHANNING,
GEORGE W. OTIS, JR.

Boston, August 19, 1840.

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only $4—without, $3. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

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BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

John C. Warren, M.D.
Rufus Wyman, M.D.
George C. Shattuck, M.D.
Jacob Bigelow, M.D.
Walter Channing, M.D.
George Hayward, M.D.
John Randall, M.D.
Enoch Hale, M.D.
John Ware, M.D.

At the annual meeting of the Committee on Wednesday, August 5th, 1840, the Boylston premium of fifty dollars value was awarded to W. W. Gerhard, M.D., of Philadelphia, for a dissertation on "the pathology and treatment of typhus and typhoid fever," with the motto, "Je sais que la verite est dans les choses, et non dans mon esprit que les juge." The other Boylston premium of the same value was adjudged to Joseph Sargent, M.D., of Worcester, Mass., for a dissertation on "the pathology and treatment of medullary sarcoma," with the motto, "On observe la nature; on ne la devine pas."

The following prize questions for 1841, are already before the public, viz.: 1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?" 2d. "The structure and diseases of the teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1841.

The following questions are offered for 1842. 1st. To what extent is the human system protected from smallpox, by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances?" 2d. On the diseases of the kidney, and the changes which occur in the appearance and composition of the urine, in health and in disease."

Dissertations on these questions must be transmitted as above, on or before the first Wednesday of April, 1842.

The author of the best dissertation on either of the above subjects, will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful disertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes, viz.:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith. **ENOCH HALE**, *Secretary.*

Publishers of newspapers and medical journals, throughout the United States, are respectfully requested to insert the above notices.

Boston, Aug. 6, 1840. A 12.—4t

MEDICAL LECTURES IN BOSTON.

The Medical Faculty of Harvard University, will begin their annual course of Lectures on the first Wednesday of November next, at the Massachusetts Medical College, Mason street, Boston. The Introductory Lecture will be given at 12 o'clock, M., in the Anatomical Theatre, on that day, and the lectures will continue four months.

Anatomy and the Operations in Surgery, by	Prof. Warren.
Midwifery and Medical Jurisprudence, by	Prof. Channing.
Materia Medica and Clinical Medicine, by	Prof. Bigelow.
Principles of Surgery and Clinical Surgery, by	Prof. Hayward.
Chemistry, by	Prof. Webster.
Theory and Practice of Physic, by	Prof. Ware.

The students will have an opportunity of attending the medical and surgical practice at the Massachusetts General Hospital, and also of seeing the surgical operations performed there during the winter.

The Faculty have reason to believe that the provisions of the law legalizing the study of anatomy, will be carried more completely into operation than has heretofore been done, and that the facilities for practical anatomy will consequently be much increased. **WALTER CHANNING**, *Dean.*

Boston, July 6, 1840. Jy 15—tN1

MEDICAL INSTITUTION OF YALE COLLEGE.

The annual course of Lectures, for the term of 1840-1, will commence on Thursday, October 1, and continue sixteen weeks.

Chemistry and Pharmacy, by	Benjamin Silliman, M.D. LL.D.
Theory and Practice of Physic, by	Eli Ives, M.D.
Materia Medica and Therapeutics, by	William Tully, M.D.
Principles and Practice of Surgery, by	Jonathan Knight, M.D.
Obstetrics, by	Timothy P. Beers, M.D.
Anatomy and Physiology, by	Charles Hooker, M.D.

Fees for a full course, $76, to be paid in advance. No dissection fee is required, nor any contingent expenses, except a reasonable charge for subjects, which are abundantly supplied.

Yale College, New Haven, July 17, 1840. Jy 29—6t **CHARLES HOOKER**, *Sec'ry.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.